

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|--|--|--|---|--------------------------------|--|------------------------------|---|--|-----------------------|--|-----------------------|--|-----------------------|--------------------------|--|--|--|
| MEMBER INVOLVED | 1. DATE OF INCIDENT 12-APR-2012 | | TIME 09:54:00 | | 2. ADDRESS OF OCCURRENCE [REDACTED] | | | 3. LOCATION CODE 304 | | 4. BEAT/OCCUR 1523 | | | | | | | | | | | |
| | 5. POSITION 9161 | | 6. LAST NAME MALECKI | | 7. FIRST NAME MARK M | | 8. STAR NO. 17033 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE WHI | | 11. AGE [REDACTED] | | 12. HT. 507 | | 13. WT. 160 | | | | |
| | 14. DATE OF APPT. 04-AUG-1997 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 015 1533 | | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | | | | | |
| SUBJECT INFORMATION | 20. LAST NAME [REDACTED] | | 21. FIRST NAME [REDACTED] | | 22. M.I. C | | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24. RACE BLK | | 25. D.O.B. [REDACTED] | | 26. HT. 509 | | 27. WT. 230 | | | | | | |
| | 28. ADDRESS [REDACTED] | | 29. TELEPHONE NO. [REDACTED] | | 30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | | | | | | |
| | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? LORETTO HOSPITAL | | | | 34. BY WHOM? DR.SISSIQUIS | | 35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | | | | | | | | | | | | | |
| 36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE ***** | | | | | | | | | | | | | | | | | | 37. CB NO. [REDACTED] | | IR NO. <input type="checkbox"/> DNA | |
| REASON FOR USE OF FORCE (Check all that apply) | 38. DNA <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT: ASSAULT | | ASSAILANT: BATTERY | | ASSAILANT: DEADLY FORCE | | | | | | | | | | | | |
| | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____ | | FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____ | | IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____ | | ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____ | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____ | | | | | | | | | | | | |
| MEMBER'S RESPONSE | MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____ | | OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____ | | ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____ | | KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | FIREARM <input type="checkbox"/> OTHER _____ | | | | | | | | | | | | |
| | 39. DNA <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| | 40. ADDITIONAL INFORMATION ABOVE OFFENDER REFUSED TO FOLLOW VERBAL COMMANDS, AND ACTIVELEY RESISTING BY FLEEING FROM R/O'S. OFFENDER ALSO PUSHED ANOTHER POLICE OFFICER IN THE PROCESS OF BEING PLACED IN CUSTODY. | | | | | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | 42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | 43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | 44. WEATHER CONDITIONS CLEAR | | | | | | | | | | | | | | |
| | 45. MAKE/MANUFACTURER | | 46. MODEL | | 47. BARREL LENGTH | | 48. CALIBER/GAUGE | | | | | | | | | | | | | | |
| | 49. TASER DART ID NO. C310102EW | | 50. WEAPON SERIAL No. (Include Letters) X00-105672 | | 51. CHICAGO GUN REG. NO. | | 52. IL FIREARM OWNER ID. NO. | | 53. HANDGUN CERTIFICATE NO. | | | | | | | | | | | | |
| CASE INFO. | 54. SPECIAL WEAPON CERTIFICATE NO. | | 55. PROPERTY INVENTORY NO. | | 56. TYPE OF AMMUNITION USED | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1 | | 58. TOTAL NO. OF SHOTS MEMBER FIRED | | | | | | | | | | | | |
| | 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 61. NO. OF CATDRIDGES/ SHOT SHELLS RELOADED | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) | | | | | | | | | | | | | | |
| | 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | | | | |
| SIGNATURES | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | | | | | | | |
| | 70. EVENT NO. [REDACTED] | | | | | | | | | | | | | | | | | | | | |
| | 71. R.D. NO. [REDACTED] | | | | | | | | | | | | | | | | | | | | |
| 72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | | | | | | | | | | | | | |
| 73. REPORTING MEMBER (Print Name) MALECKI, MARK M 12-APR-2012 11:34:53 STAR/EMPLOYEE NO. 17033 SIGNATURE [REDACTED] | | | | | | | | | | | | | | | | | | | | | |
| Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | | | | | | | | | | | | | | | | | |
| 74. REVIEWING SUPERVISOR (Print Name) AYLWARD, PATRICK M STAR NO. 2148 SIGNATURE [REDACTED] DATE REVIEWED 12-APR-2012 11:36:11 TIME | | | | | | | | | | | | | | | | | | | | | |

36. CHARGES PLACED

720 ILCS 5.0/12-3-A-1, 625 ILCS 40.0/2-4, 625 ILCS 5.0/11-204-A, 625 ILCS 5.0/3-707, 625 ILCS 5.0/6-303-A, 9-76-230

☐ DNA

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

At

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

I have concluded that the member's actions were in compliance with Department procedures and directives. Taser Discharge Log #1053247.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VANN JR, EUGENE G

SIGNATURE

DATE COMPLETED

TIME

12-APR-2012 11:51:25

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

3

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)